Legislative Testimony
Public Health Committee
HB5541 AAC Services Provided by Dental Professionals and Certification for Advanced Dental Hygiene Practitioner
Wednesday, March 21st, 2012
Bruce Tandy, DMD

Senator Gerratana, Representative Ritter and members of the Public Health committee, my name is Bruce Tandy and I have been practicing dentistry for 34 in the towns of Vernon and Coventry. I am a Past President of the Connecticut State Dental Association (CSDA), the Vice Chair of the Connecticut Mission of Mercy (CT-MOM), and am one of the +1,300 dentists who provide services to the patients of the CT Dental Health Partnership. I have also actively participated in the lobbying for the scope review process and provided testimony during the hearings for the CSDA. I thank you for the opportunity to present this testimony to you in opposition to HB 5541.

Writing this testimony, I had a great sense of de ja vu as we are back to talking about a model of access to care capacity expansion that is unnecessary, unproven, and previously debated and deemed unacceptable by previous meetings of the state legislature over the past 7 years. With the increase in Medicaid providers to over 1300, the Department of Social Services has testified that there is no access to care issue for children in the state of Connecticut. Utilization of available services is still the issue even though we have some of the highest utilization rates in the country due to the success of the CT Health Partnership Program. To add more capacity, at a time when it has been proven that this is not the issue, is problematic. Failing to utilize strategies that have been implemented successfully worldwide, are acceptable to all oral health stakeholders, and can truly improve utilization of oral health care services by the neediest of our state residents, is irresponsible.

Five years ago, the CSDA took it upon itself, to take an evidence based approach to the access to care issue in the state. Data from anywhere it could be found, was reviewed, digested and used to develop positions not just on ADHP, but dental therapists, Expanded Function Dental Auxiliaries (EFDAs), Interim Therapeutic Restorations (ITR), and Community Dental Health Coordinator (CDHC). Emotion was not going to be the driver on this issue. We believed that if we were going to take a position, it would not be out of fear for our profession, but out of the hope for the improvement of oral health in Connecticut. The stance we ultimately took was not necessarily in lock step with our parent organization, the American Dental Association, but allowed us to arrive today with a huge success story in helping the children of CT.

Two years ago, noting the extreme use of volunteer, professional, and legislative resources needed to deal with the annual emotional debate on access to care and workforce models, we worked diligently to help DPH establish a process to allow an evidence based approach to the legislative process for establishing scope of practice decisions. Many of us provided information to help the process accomplish its goal. The reports to this Committee were reasonably accurate and informative. Yet based on the bill we are debating, the process did not successfully accomplish the original intent of the committee, in my opinion. The strongest case was made for ITR and EFDA, both which have been reduced to an afterthought in this bill.

As an individual involved on multiple levels in bringing better oral health care to our state through CT-MOM and the Access Committee of the CSDA, I would like to bring a different perspective to this discussion. I have participated as a panelist with PEW Charitable Trust and the W.K. Kellogg Foundation. I have heard about all the potential workforce models and their possible effect on access to care. I have also seen that the data does not support another provider model here in CT. The education, regulatory, legislative, and political hurdles are indeed daunting, and has driven this decision making process into a

long term strategic discussion. We have seen this in CT based on the 7 year lawsuit that raised the fees to 50 cents on the dollar for dental services and another 5 years of debating the ADHP concept. In the meantime, how many children have missed school, not fallen asleep, and not participated in just being a kid, due to dental pain that could have been avoided by allowing a simple, easily taught, worldwide accepted procedure provided by the present hygiene workforce in school based programs. ITR is something that can make a difference now, not 5 years from now as we continue to debate this issue. The latest Institute of Medicine report stressed that we should maximize the use of the present dental team to make improvements in oral health. ITR should not be provided by only ADHP trained hygienists as presented in this bill, but **all** appropriately trained hygienists, a much larger workforce.

EFDA, another important part of the scope discussion and report, can increase the efficiency of the dental team as seen in the Armed forces and in the 39 states that have this team member. Seventy percent of Medicaid patients are seen in private practice settings, the most efficient model of delivery we have. Once available in CT, the team will be ready to deal with any new influx of CT Dental Health Partnership (former ally known as HUSKY) patients. Both of these concepts can have an immediate lasting effect on our neediest patients.

The professional, advocacy, and legislative partners have all made an amazing difference in this state in access to care as noted previously. But utilization, the true issue, can only be improved by education, oral health literacy, use of case workers, and the focus on eliminating barriers to care. Money and effort spent in this arena will yield tangible results, devoid of politics and emotion, and effect change quickly and inexpensively. Let's focus on proven ways to get needed care to our citizens. We all have the best interests at heart otherwise we would not be involved in this discussion.

In closing, I would like to again respectfully thank the members of the Public Health committee for allowing me to submit this testimony and would urge you to oppose this bill and focus on what we can do NOW, not 5 years from now, for those in need of oral healthcare in CT. If you should have any questions I will do my best to make myself available at your convenience.

Sincerely,

Bruce Tandy, D.M.D
281 Hartford Turnpike
Vernon, CT 06066
860-875-2881
Btgolf@aol.com